## DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS STATUS REPORT (Updated 08/30/2017)

Name I	Birthdate		
Applicant ID#	PI#		
Please have the provider who treats your diabete Return the completed form to your AME or to the		e space below	
Federal Aviation Administration Federal Aviation Administration Aerospace Medical Certification Division AAM-313 Aerospace Medical Cert	ng special mail (UPS, FedEx, etc. eral Aviation Administration espace Medical Certification Division Aerospace Medical Institute, Bldg. OS. MacArthur Blvd, Room 308 homa City, OK 73169	n-AAM-313	
Provider printed name	and phone #		
2. Date of last clinical encounter for diabetes			
3. Date of most recent DIABETES MEDICATIO	N change		
4. Hemoglobin A1C lab value	and date		
(A1C lab value must be taken more than 30 days after re/certification)			
5. List ALL current medications (for any condition	on) *		
If VEC is sireled an any of the greations heleve			
If YES is circled on any of the questions below, p 6. Any side effects from medications	Diease allach harralive, lests Yes	s, etc. No	
•		No	
<ul><li>7. ANY episode of hypoglycemia in the past yea</li><li>8. Any evidence of progressive diabetes induce</li></ul>		INO	
c. This evidence of progressive diabetes induce	a cha chgan alccasc		
Cardiac	Yes	No	
Neurological		No	
Ophthalmological		No	
Peripheral neuropathy	Yes	No	
Renal disease	Yes	No	
9. Does this patient take ANY form of insulin	Yes	No	
10. Any clinical concerns?	Yes	No	
Treating Provider Signature	 Date	 Date	

Note: Acceptable Combinations of Diabetes Medications and copies of this form for future follow-ups can be found at <a href="https://www.faa.gov/go/diabetic">www.faa.gov/go/diabetic</a>.